

07-09-20;01:10PM;

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Yellow Cab Company of Charleston

PBA

Yellow Cab Carriage

;8438537172

# 2/

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2020 - 160 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Serry G. Crosby

Telephone: (843) 722-2222

Address: 2019 Cherry Hill Lane

Fax: (843) 853-7172

Charleston, S.C. 29405

Other: \_\_\_\_\_

Email: Yellowcabchs@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |                                                                                                                                           |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application - Class A/A Restricted                                                                               | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi                                                                                       | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter                                                                                    | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus                                                                                | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency                                                                   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van                                                                              | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods                                                                            | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste                                                                            | <input type="checkbox"/> Letter                                        |
| <input type="checkbox"/> Application                                                                                                      | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order                                                                       | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate                                                                          | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension                                                                                           | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement                                                                                        | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 7/9/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provisions of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Yellow Cab Company of Charleston dba Yellow Cab Cabs

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2019 Cherry Hill Lane Charleston S.C. 29405

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(843) 722-2222

Phone

(843) 853-7172

Fax

yellowcabchs@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Jerry G. Crosby - 831 Centerwood Drive Charleston S.C. 29412

Ernest B. Crosby - 1741 Combatoe Street Charleston S.C. 29412

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CLERK OF SC OFFICE

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement (See Attached)

Applicant's assets and liabilities are as follows:

#### Assets:

Value of Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text"/>
Cash in Bank	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>
<b>Total Assets</b>	<input type="text"/>

#### Liabilities:

Mortgage/Loan on Real Estate	<input type="text"/>
Loans Owed on Motor Vehicles	<input type="text"/>
Business/Other Loans Owed	<input type="text"/>
Other Liabilities or Debts	<input type="text"/>
<b>Total Liabilities</b>	<input type="text"/>

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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**Yellow Cab Company of Charleston**

**Charleston, SC**

**Financial Statements**

**For the Eleven Months Ended March 31, 2020**

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L. Carl Dupree & Associates, Inc.  
2050 Spaulding Dr Ste 3B  
North Charleston, SC 29406  
Telephone 843-554-9589 Facsimile 843-744-6636  
Email: [info@carldupreeandassociates.com](mailto:info@carldupreeandassociates.com)  
Website: <http://www.carldupreeandassociates.com>

To the Board of Directors  
Yellow Cab Company of Charleston  
Charleston, SC 29405-9309

The accompanying statement of assets, liabilities and equity - income tax basis of Yellow Cab Company of Charleston (a South Carolina corporation) as of March 31, 2020, and the related statement of revenues and expenses - income tax basis for the eleven months then ended have been compiled by us. The financial statements have been prepared on the basis of accounting used by the Company for income tax purposes, which is a comprehensive basis of accounting other than generally accepted accounting principles.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and are prohibited by the South Carolina Accountancy Law from expressing an opinion on them as neither the firm or its members are registered or licensed by the South Carolina Department of Labor, Licensing and Regulation.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, equity, revenues, and expenses. Accordingly, these financial statements are not designed for those who are not informed about such matters.

L. Carl Dupree & Associates, Inc.

May 04, 2020

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**Yellow Cab Company of Charleston**  
**Statement of Assets, Liabilities and Equity**  
**Income Tax Basis**  
**As of March 31, 2020**

**Assets**

**Current Assets**

Cash on hand & in banks	\$ 667,393.66
Restricted cash	75,965.74
Accounts receivable	134,711.68
Notes receivable	6,042.03
Inventory	15,867.10
Prepaid Insurance	15,029.85
Prepaid computer support	2,278.00
Interest receivable	4.73
	<hr/>
<b>Total Current Assets</b>	<b>917,292.79</b>

**Property and Equipment**

Furniture & fixtures	156,758.49
Meters & toplights	26,431.75
Radio equipment	25,754.00
Vehicles-taxicab fleet	155,741.07
Leasehold improvements	116,626.73
Computer equipment & software	71,237.80
Less accumulated depreciation	(512,325.34)
	<hr/>
<b>Net Property and Equipment</b>	<b>40,224.50</b>

**Other Assets**

Goodwill	5,000.00
	<hr/>
<b>Total Other Assets</b>	<b>5,000.00</b>
	<hr/>
<b>Total Assets</b>	<b>\$ 962,517.29</b>

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**Yellow Cab Company of Charleston**  
**Statement of Assets, Liabilities and Equity**  
**Income Tax Basis**  
**As of March 31, 2020**

**Liabilities and Equity**

**Current Liabilities**

Accounts payable	\$ 57,832.83
Payroll taxes payable	1,866.01
Safety fund payable	75,965.74
Drivers funds payable	692.00
Accrued interest expense	194.96
Accrued salaries-general	9,829.83
Sales tax payable	340.93
Insurance reserve	102,500.00
Customer deposits	<u>490.00</u>

**Total Current Liabilities**

249,712.30

**Long-Term Liabilities**

Notes payable	60,000.00
Less current portion	<u>0.00</u>

**Total Long-Term Liabilities**

60,000.00

**Equity**

Common stock	4,300.00
Paid in capital	197,643.12
Retained earnings	708,518.85
Profit or (loss) for period	(144,358.98)
Treasury stock, six shares at cost	<u>(113,298.00)</u>

**Total Equity**

652,804.99

**Total Liabilities and Equity**

\$ 962,517.29

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## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges: \$2.50 per mile  
 .40 minute waiting time  
 \$5.00 1<sup>st</sup> 2 miles  
 .50 per 1/5<sup>th</sup> mi

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |                                               |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |                                               |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |                                               |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |                                               |



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**DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver  
☐ 8-15 Passengers, including driver

(See Attached)

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
				No
				↓

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ORS Active List

YELLOW CAB COMPANY OF CHARLESTON								
DBA/YELLOW CAB CARRIAGE								
2019 Cherry Hill Lane Charleston, SC 29405								
TEL# 843-722-2222								
CLASS C TAXI CERTIFICATE HOLDER:								
Yellow Cab Company of Charleston								
DBA/Yellow Cab Carriage								
RATES: \$5 FOR 1ST 2 MILES THEN \$.50 FOR EVERY 1/5 Mile								
RATES ARE REGULATED BY CITY ORDINANCE								
	CAB #	YEAR	MAKE	VIN #	TAG#	Seating Capacity	Empty Weight	Body Type
1	YC 01	2011	FORD	103359	TX 19663	5	4011	4DR
1	YC 02	2009	FORD	109363	TX 20291	5	4026	4DR
1	YC 03	2010	FORD	117971	TX 20759	5	4128	4DR
	YC 04							
1	YC 05	2008	FORD	176326	TX 20062	5	4129	4DR
1	YC 06	2011	FORD	110833	TX 20728	5	4550	4DR
1	YC 07	2011	FORD	103346	TX 20760	5	4011	4DR
1	YC 08	2009	FORD	134791	TX 20706	5	4134	4DR
1	YC 09	2008	FORD	127291	TX 20727	5	3974	4DR
1	YC 10	2011	FORD	111295	TX 20725	5	4550	4DR
	YC 11							
1	YC 12	2009	FORD	132140	TX 19778	5	4129	4DR
1	YC 13	2011	FORD	103347	TX 20061	5	4011	4DR
1	YC 14	2006	FORD	163531	TX 20344	5	3997	4DR
1	YC 15	2011	FORD	111284	TX 20708	5	4550	4DR
1	YC 16	2008	FORD	101740	TX 19880	5	3974	4DR
1	YC 17	2011	FORD	168555	TX 20341	5	4550	4DR
	YC 18							
	YC 19							
	YC 20							
	YC 21							
1	YC 22	2008	FORD	167401	TX 19851	5	4129	4DR
	YC 23							
1	YC 24	2007	FORD	158914	TX 20070	5	4129	4DR
1	YC 25	2008	FORD	167399	TX 20071	5	4129	4DR
1	YC 26	2008	FORD	118935	TX 20729	5	4129	4DR
1	YC 27	2008	FORD	150900	TX 20544	5	3974	4DR
1	YC 28	2008	FORD	127298	TX 20718	5	4129	4DR
1	YC 29	2005	FORD	126898	TX 20730	5	4013	4DR
1	YC 30	2008	FORD	120696	TX 20707	5	4129	4DR
	YC 31							
	YC 32							
1	YC 33	2007	FORD	128472	TX 20731	5	4129	4DR
	YC 34							
1	YC 35	2007	FORD	133392	TX 20339	5	4129	4DR
	YC 36							
1	YC 37	2011	FORD	110834	TX 20060	5	4550	4DR
	YC 38							
1	YC 39	2011	FORD	128829	TX 20711	5	4550	4DR
	YC 40							
	YC 41							

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ORS Active List

<b>YELLOW CAB COMPANY OF CHARLESTON</b>								
<b>DBA/YELLOW CAB CARRIAGE</b>								
<b>2019 Cherry Hill Lane Charleston, SC 29405</b>								
<b>TEL# 843-722-2222</b>								
<b>CLASS C TAXI CERTIFICATE HOLDER:</b>								
<b>Yellow Cab Company of Charleston</b>								
<b>DBA/Yellow Cab Carriage</b>								
<b>RATES: \$5 FOR 1ST 2 MILES THEN \$.50 FOR EVERY 1/5 Mile</b>								
<b>RATES ARE REGULATED BY CITY ORDINANCE</b>								
	CAB #	YEAR	MAKE	VIN #	TAG#	Seating Capacity	Empty Weight	Body Type
	YC 42							
1	YC 43	2005	FORD	149654	TX 20451	5	4013	4DR
	YC 44							
1	YC 45	2007	FORD	133389	TX 20715	5	4129	4DR
	YC 46							
1	YC 47	2007	FORD	140081	TX 20716	5	4129	4DR
	YC 48							
	YC 49							
1	YC 50	2012	DODGE	420010	TX 20719	7	4321	VAN
1	YC 51	2014	DODGE	292137	TX 20705	7	4321	VAN
1	YC 52	2012	DODGE	419972	TX 20342	7	4321	VAN
1	YC 53	2015	DODGE	568646	TX 20709	7	4289	VAN
1	YC 54	2015	DODGE	587250	TX 20726	7	4289	VAN
	YC 55							
	YC 56							
	YC 57							
	YC 58							
1	YC 59	2007	FORD	133396	TX 20340	5	4129	4DR
	YC 60							
1	YC 61	2008	FORD	144044	TX 20721	5	3974	4DR
	YC 62							
	YC 63							
	YC 64							
	YC 65							
	YC 66							
	YC 67							
	YC 68							
	YC 70							
1	YC 71	2006	FORD	113883	TX 20722	5	3700	4DR
	YC 72							
	YC 73							
	YC 74							
	YC 75							
	YC 76							
	YC 77							
	YC 78							
	YC 79							
	YC 80							
	YC 81							
	YC 82							
1	YC 83	2008 VAN	CHEVY	200408	TX 20449	7	4104	VAN

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ORS Active List

YELLOW CAB COMPANY OF CHARLESTON									
DBA/YELLOW CAB CARRIAGE									
2019 Cherry Hill Lane Charleston, SC 29405									
TEL# 843-722-2222									
CLASS C TAXI CERTIFICATE HOLDER:									
Yellow Cab Company of Charleston									
DBA/Yellow Cab Carriage									
RATES: \$5 FOR 1ST 2 MILES THEN \$.50 FOR EVERY 1/5 Mile									
RATES ARE REGULATED BY CITY ORDINANCE									
	CAB #	YEAR	MAKE	VIN #	TAG#	Seating Capacity	Empty Weight	Body Type	
1	YC 84	2007	VAN	CHEVY	216321	TX 20724	7	4104	VAN
	YC 85								
	YC 86								
	YC 87								
1	YC 88	2009	FORD	113037	TX 20543	5	4026	4DR	
	YC 89								
	YC 92								
	YC 95								
	YC 96								
	YC 97								
	YC 99								
1	ShopTruck	2001	FORD	78768	AJD 540	3		TRUCK	
42	TOTAL	June	2020						

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**INSURANCE QUOTE**This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Yellow Cab Company of Charleston dba Yellow Cab Carriage  
Name of Applicant

2019 Cherry Hill Lane Charleston S.C. 29405  
Address of Applicant

**Amount of Premium:**

SELF-Insured (See Certificate)

Liability Insurance \$ \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).



**South Carolina Department of Motor Vehicles  
Self Insured Certification**

**YELLOW CAB COMPANY OF CHARLESTON  
DBA YELLOW CAB CARRIAGE**

Has been approved as a Self-Insurer for: Bodily Injury, Property Damage and Uninsured Motorist under the South Carolina Motor Vehicle Financial Responsibility Act.

Certification is granted under the conditions set forth on the attached Financial Requirements for Self-Insured Certificate and may be cancelled by the Department as provided in Section 56-9-60 of the 1976 South Carolina Code of Laws, as amended.

**Effective Dates : September 30, 2019 to September 30, 2020**

**S.I. NO. 18**

Authorized Agency Representative

A handwritten signature in black ink, appearing to read "Michael R. [unclear]", is written over a horizontal line.

11/24/2020  
Date

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# 16/



# WORKERS COMPENSATION APPLICATION

 DATE (MM/DD/YYYY)  
10/17/2019

<b>AGENCY NAME AND ADDRESS</b> ARTHUR J GALLAGHER AND CO 340 JESSE JEWEL PKWY GAINESVILLE, GA 30501		<b>COMPANY:</b> UNDERWRITER: APPLICANT NAME: YELLOW CAB COMPANY OF CHARLESTON INC OFFICE PHONE: (843) 722-2222 MOBILE PHONE: MAILING ADDRESS (Including Zip + 4) 2019 A CHERRY HILL ROAD NORTH CHARLESTON, SC 29405 B-MAIL ADDRESS		YRS IN BUS: 50 SIC: NAICS: Website Address: www.yellowcabcharleston.com	
<b>PRODUCER NAME:</b> PAMELA N. CLARK <b>CS REPRESENTATIVE NAME:</b> PAMELA N. CLARK <b>OFFICE PHONE (A/C, No. Ext):</b> (770) 633-7890 <b>MOBILE PHONE:</b> <b>FAX (A/C, NO):</b> (877) 888-0020 <b>EMAIL ADDRESS:</b> DANETTE_CLEMENTS@AJG.COM <b>CODE:</b> <b>SUB CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SOLE PROPRIETOR</b> <input checked="" type="checkbox"/> <b>CORPORATION</b> <input checked="" type="checkbox"/> <b>LLO</b> <input type="checkbox"/> <b>PARTNERSHIP</b> <input type="checkbox"/> <b>SUBCHAPTER "S" CORP</b> <input type="checkbox"/> <b>JOINT VENTURE</b> <input type="checkbox"/> <b>TRUST</b> <input type="checkbox"/> <b>UNINCORPORATED ASSOCIATION</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>ID NUMBER:</b> <b>OTHER RATING BUREAU ID EMPLOYER REGISTRATION NUMBER OR STATE</b>	
<b>CREDIT BUREAU NAME:</b> <b>FEDERAL EMPLOYER ID NUMBER:</b> 67-0424634 <b>NCCI RISK ID NUMBER:</b> 390366892		<b>STATUS OF SUBMISSION</b> <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> BOUND (Give date and/or attach copy) <input checked="" type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)		<b>BILLING / AUDIT INFORMATION</b> <b>BILLING PLAN</b> <input type="checkbox"/> AGENCY BILL <input type="checkbox"/> PAYMENT PLAN <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER: <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> % DOWN: <b>AUDIT</b> <input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY	

## LOCATIONS

LOC #	Highest Floor	STREET, CITY, COUNTY, STATE, ZIP CODE
1		2019 A CHERRY HILL ROAD NORTH CHARLESTON, SC 29405

## POLICY INFORMATION

PROPOSED EFF DATE 10/19/2019	PROPOSED EXP DATE 10/19/2020	RATING EFFECTIVE DATE (if applicable)	ANNIVERSARY RATING DATE (if applicable)	PARTICIPATING NON-PARTICIPATING	RETRO PLAN
<b>PART 1 - WORKERS COMPENSATION (States)</b> SC		<b>PART 2 - EMPLOYER'S LIABILITY</b> EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000		<b>PART 3 - OTHER STATES INS</b> DEDUCTIBLES (N / A In WI) MEDICAL INDEMNITY AMOUNT / % (N / A In WI) OTHER COVERAGES U.S.L. & H. VOLUNTARY COMP FOREIGN COV MANAGED CARE	
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION			
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					

## TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$7,485.00	TOTAL MINIMUM PREMIUM ALL STATES \$0.00	TOTAL DEPOSIT PREMIUM ALL STATES \$5,814.00
---------------------------------------------------------	--------------------------------------------	------------------------------------------------

## CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	JERRY CROSBY	(843) 722-2222		JERRYANDJACQUIC@YAHOO.CO.UK
ACCTG RECORD	JERRY CROSBY	(843) 722-2222		JERRYANDJACQUIC@YAHOO.CO.UK
CLAIMS INFO	JERRY CROSBY	(843) 722-2222		JERRYANDJACQUIC@YAHOO.CO.UK

## INDIVIDUALS INCLUDED / EXCLUDED

STATE	LOC #	NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNERSHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
SC		CROSBY, JERRY		CFO	25	MGMT OFFICE	E	8810	72000
SC		CROSBY, ERNEST		PRES	25	MGMT OFFICE	E	8810	72000
SC		CROSBY, SANDRA		OPCRBOD	25	INACTIVE	E	8810	0
SC		CROSBY, G		OPCRBOD	25	INACTIVE	E	8810	0

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# WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: YELLOW CAB OF CHARLESTON INC

Risk ID: 390366892

Rating Effective Date: 10/19/2020

Production Date: 06/23/2020

State: SOUTH CAROLINA

State	Wt	Exp/Excess Losses	Expected Losses	Exp/Prim Losses	Act/Exc Losses	Ballast	Act/Inc Losses	Act/Prim Losses
SC	.05	4,604	6,247	1,643	0	36,375	0	0
(A) Wt	(B) Exp/Excess Losses (D-E)	(D) Expected Losses	(E) Exp/Prim Losses	(F) Act/Exc Losses (H-I)	(G) Ballast	(H) Act/Inc Losses	(I) Act/Prim Losses	
.05	4,604	6,247	1,643	0	36,375	0	0	
Primary Losses		Stabilizing Value		Retable Excess		Totals		
Actual	(I)	0	$C * (1 - A) + G$	$(A) * (F)$	(J)			
			40,749	0	40,749			
Expected	(E)	1,643	$C * (1 - A) + G$	$(A) * (C)$	(K)			
			40,749	230	42,622			
ARAP		ELARAP		SARAP		MAARAP		Exp Mod
Factors	1.00					(J) / (K)		.96

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Yellow Cab Company of Charleston  
Transaction #: 3626617  
Policy #: 3AA385377

### General Liability Coverage

#### Limits of Insurance

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	Excluded
Personal/Advertising Limit	Excluded
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit (Any one person)	Excluded

**Deductible** \$500 BI / PD Combined Per claim

#### Location schedule

Loc	State - Territory	Address
1	SC - 001	2019-A Cherry Hill Lane, Charleston, SC 29405

#### Classification and premium

Loc	Class Code	Description	Rating Basis	Exposure	Rate	Premium
1	68001	Taxicab Companies - excluding automobile bodily injury and property damage liability	Per 1,000 Square Feet of Area	3,200	223.43	\$715
1	68706	Warehouses - private (For-Profit)	Per 1,000 Square Feet of Area	2,400	36.87	\$88

**Total General Liability Premium (25% minimum earned)** \$803 minimum and deposit

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February 21, 2020

Kristine Toth  
CRC Binding  
20 Wesmark Court  
Sumter, SC 29150  
ktoth@crcgroup.com

**Binder**

Thank you for your request to bind the below referenced account. We appreciate your business and are pleased to bind coverage as follows.

Named Insured: Yellow Cab Company of Charleston  
Mailing Address: 2019-A Cherry Hill Lane  
Charleston, SC 29405  
Policy number: 3AA385177  
Renewal of: 3AA325599  
Company: Evanston Insurance Company  
Term: 02/26/2020 to 02/26/2021  
Commission: 10.00%

**Premium Summary**

General liability	\$803
Total Premium without TRIA	\$803
<b>Total amount due</b>	<b>\$803.00</b>

This bind is subject to the following:

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**Exhibit Fit, Willing, and Able (FWA)**Yellow Cab Company of Charleston dba Yellow Cab Carriage

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

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**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

Owner - V.P.

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Charleston )

SWORN TO BEFORE ME  
This 9<sup>th</sup> day of July, 2020

Wilma L. Dells  
Notary Public

Commission Expires 5/26/27

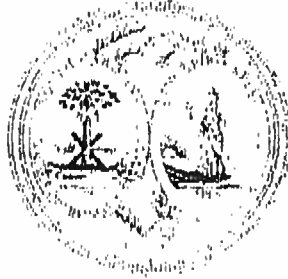
Print Application

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# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

YELLOW CAB COMPANY OF CHARLESTON,  
a corporation duly organized under the laws of the State of South Carolina on May 1st, 1962, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
14th day of August, 2012.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all fees due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.